



**SASKATCHEWAN FORMULARY COMMITTEE  
BULLETIN FOR THE UPDATE TO THE  
57th EDITION OF THE  
SASKATCHEWAN FORMULARY**

The following listings are effective  
**July 1, 2007** unless otherwise  
indicated.

**NEW FULL FORMULARY  
LISTINGS:**

- Ciclesonide, metered dose inhaler,  
100mcg, 200mcg (Alvesco-ATA)

**NEW EXCEPTION DRUG  
STATUS (EDS) LISTINGS:**

**Deferasirox, tablet for suspension,  
125mg, 250mg, 500mg (Exjade-  
NVR)**

- For treatment of chronic iron  
overload in patients with  
transfusion dependent anemias  
who have a contraindication to the  
injectable deferoxamine. The  
Committee supports the Canadian  
Expert Drug Advisory Committee  
(CEDAC) recommendation.

**Note:** The Committee noted that  
there are more adverse reactions with  
this product and it has a Notice of  
Compliance with conditions. Until  
these concerns are clarified/removed,  
it should be used second-line. The  
Committee also noted that this product  
should not be approved for coverage  
when the reason is only for  
convenience.

**NEW STRENGTHS/DOSAGE  
FORMS OF CURRENTLY  
LISTED EDS DRUGS:**

The current EDS criteria will  
apply to the following:

- Lansoprazole, orally  
disintegrating tablet, 15mg  
(Prevacid FasTab-ABB)

**Note:** the current Maximum Allowable  
Cost policy will apply.

- Darbepoetin alfa, pre-filled  
syringe 200ug/mL (130ug/0.65mL)  
(Aranesp-AMG)

**CURRENTLY UNDER  
REVIEW WITH THE  
NATIONAL COMMON DRUG  
REVIEW PROCESS** (as of the  
printing of this Bulletin):

- Sebivo, Baraclude, Prexige,  
Orencia, Myozyme, Sativex,  
Somatuline Autogel, Altace HCT,  
Zytram XL, Champix

**OTHER PRODUCTS  
CURRENTLY UNDER REVIEW  
BY THE SASKATCHEWAN  
REVIEW COMMITTEES:**

- Tysabri, Rituxan (rheumatoid  
arthritis), Ascensia Breeze 2,  
Raptiva, Tramacet, Sandoz  
Cyclosporine

**PRODUCTS NOT  
RECOMMENDED FOR  
COVERAGE VIA THE  
COMMON DRUG REVIEW  
(CDR) PROCESS:**

The following products were  
reviewed by the Canadian Expert  
Drug Advisory Committee  
(CEDAC) under the national  
Common Drug Review (CDR)  
process and not recommended for  
coverage under provincial drug  
plans. The CEDAC  
recommendations were supported  
by the Saskatchewan drug review  
committees which in turn noted the  
following:

- Rasagiline mesylate, tablet,  
0.5mg, 1mg (Azilect-TVM)  
The review committees noted that  
the clinical benefit is insufficient  
to recommend listing.

- Atomoxetine hydrochloride,  
capsule, 10mg, 18mg, 25mg,  
40mg, 60mg (Strattera-LIL)  
The Committee supports CEDAC  
who reaffirmed their previous  
recommendation that this product  
not be listed by provincial drug  
plans.

**Note:** CEDAC noted that no  
further evidence was provided to  
support a therapeutic advantage of  
atomoxetine over currently  
available drug therapies in the  
treatment of ADHD in  
children/adults. In addition no  
randomised controlled trials were  
identified that evaluated  
atomoxetine in patients who have  
not been able to tolerate or who  
have failed an adequate trial of  
amphetamine salts or  
methylphenidate.

**OTHER PRODUCTS NOT  
RECOMMENDED BY THE  
SASKATCHEWAN REVIEW  
COMMITTEES:**

- Desmopressin, orally  
disintegrating tablet, 60ug, 120ug  
(DDAVP Melt-FEI)  
The committees felt there is no  
need for this additional dosage  
formulation. As well there would  
be a slight increase in cost  
(relative to the generic product)  
with this product.
- Donepezil HCl, rapidly dissolving  
tablet, 5mg, 10mg (Aricept RDT-  
PFI)

The review committees have  
concluded that there is no need for  
this product. It offers no  
advantage over the currently listed  
dosage forms.

**FROM THE COMMITTEE ON  
INSTITUTIONAL PHARMACY  
PRACTICE:**

- Tigecycline (Tygacil-WYA) was recommended for restricted coverage on the Hospital Benefit Drug List for the treatment of infections resistant to first-line agents and on the recommendation of an infectious disease specialist.
- Ondansetron tablets and injection will be added to the Hospital Benefit Drug List.

**The following products have been approved prior to the July update in accordance with the new generic streamlining policy. Pharmacies were notified of these additions through Pharmacy Bulletins.**

**NEW INTERCHANGEABLE  
LISTINGS EFFECTIVE May 1,  
2007:**

- Citalopram, tablet, 20mg, 40mg (Ran-Citalopram-RAN)
- Pravastatin, tablet, 10mg, 20mg, 40mg (CO Pravastatin-COB)

**NEW INTERCHANGEABLE EDS  
LISTINGS EFFECTIVE May 1,  
2007 according to current criteria:**

- Cefprozil, tablet, 250mg, 500mg (Apo-Cefprozil-APX), tablet, 250mg, 500mg, oral suspension, 50mg/mL (Ran-Cefprozil-RAN)

**NEW INTERCHANGEABLE  
LISTINGS EFFECTIVE JUNE 1,  
2007:**

- Fluticasone propionate, metered dose nasal spray, 50ug/actuation (Apo-Fluticasone-APX)
- Ramipril, capsule, 1.25mg, 2.5mg, 5mg, 10mg (Novo-Ramipril-NOP)
- Tamsulosin HCl, sustained release capsule, 0.4mg (ratio-Tamsulosin-RPH)

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The Saskatchewan review committees have recommended that coverage be provided for treprostinil injection, 1mg/mL, 2.5mg/mL, 5mg/mL, 10mg/mL (Remodulin-United Therapeutics Incorporated). The review committees support the CEDAC recommendation that coverage be provided under Exception Drug Status according to the following criteria:

- for patients with primary pulmonary hypertension or pulmonary hypertension secondary to collagen vascular disease, with New York Heart association class III or IV disease who have both:
  - a) failed to respond to non-prostanoid therapies (i.e. calcium channel blockers, vasodilators, bosentan) and;
  - b) who are not candidates for epoprostenol therapy because of:
    - prior recurrent complications with central line access (eg. infection, thrombosis) or,
    - inability to operate the complicated delivery system of epoprostenol or,
    - they reside in an area without ready access to medical care, which could complicate problems associated with an abrupt interruption of epoprostenol therapy.

Ipratropium bromide/salbutamol sulfate, metered dose inhaler, 20ug/100ug (Combivent) has been discontinued by the manufacturer (Boehringer Ingelheim). The inhalation solution continues to be a benefit. As well, the individual components of Combivent are listed in the Formulary.

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# FORMULARY AND EDS UPDATES EFFECTIVE JULY 1, 2007

<u>GENERIC &amp; TRADE</u> <u>NAME</u>	<u>STRENGTH &amp; FORM</u>	<u>DIN</u>	<u>UNIT</u> <u>PRICE</u>	<u>LEGEND</u>
<b>*Acetylsalicylic acid</b>				
pms-ASA EC	650mg EC tablet	02284537	0.0936	I/C
<b>Ciclesonide</b>				
Alvesco	100ug metered dose inhaler	02285606	45.1800	
Alvesco	200ug metered dose inhaler	02285614	74.2200	
<b>Darbepoetin alfa</b>				
Aranesp	200ug/mL p.f. syringe (0.65mL)	02246358	355.9000	EDS
<b>Deferasirox</b>				
Exjade	125mg tablet for oral suspension	02287420	10.7144	EDS
Exjade	250mg tablet for oral suspension	02287439	20.8215	EDS
Exjade	500mg tablet for oral suspension	02287447	40.5715	EDS
<b>Fluticasone propionate</b>				
ratio-Fluticasone 50 NS	50ug/act. metered dose nasal spray	02296071	23.8400	I/C
<b>Lansoprazole</b>				
Prevacid FasTab	15mg orally disintegrating tablet	02249464	2.1700	EDS
<b>Levetiracetam</b>				
pms-Levetiracetam	250mg tablet	02296101	1.2125	I/C
pms-Levetiracetam	500mg tablet	02296128	1.4811	I/C
pms-Levetiracetam	750mg tablet	02296136	2.1077	I/C
<b>Pravastatin</b>				
Ran-Pravastatin	10mg tablet	02284421	1.0340	I/C
Ran-Pravastatin	20mg tablet	02284448	1.2199	I/C
Ran-Pravastatin	40mg tablet	02284456	1.4695	I/C
<b>Tamsulosin HCl</b>				
Sandoz Tamsulosin	0.4mg sustained release capsule	02295121	0.6510	
<b>Treprostinil</b>				
Remodulin	1mg injection solution (bill/mL)	02246552	46.5000	EDS
Remodulin	2mg injection solution (bill/mL)	02246553	114.0000	EDS
Remodulin	5mg injection solution (bill/mL)	02246554	226.5000	EDS
Remodulin	10mg injection solution (bill/mL)	02246555	451.5000	EDS
Supplies - per diem	Remodulin supplies	00950963	46.0000	EDS
<b>PRICE REDUCTIONS:</b>				
<b>Blood Glucose Test Strips</b>				
Sidekick	strip	00950948	0.4536	Not I/C
<b>Risperidone</b>				
Risperdal Consta	25mg/vial powder for injection	02255707	160.4200	EDS
Risperdal Consta	37.5mg/vial powder for injection	02255723	240.6200	EDS
Risperdal Consta	50mg/vial powder for injection	02255758	320.8300	EDS

LEGEND: EDS-Exception Drug Status; I/C-Interchangeable; Not I/C-Not Interchangeable

